October 1, 1997

Office of Statewide Health Planning and Development
Health Policy and Planning Division
1600 9th Street, Room 350
Sacramento, CA   95814

Re: OSHPD Report on Heart Attack, 1991-1993

To Whom It May Concern:

The Ventura County Medical Center (VCMC) is pleased to have received the materials and the reports involving myocardial infarction (MI) patients treated in the years 1991-1993. We recognize the tremendous effort and the great dedication it took to produce this report, and commend the Office of Statewide Health Planning and Development for these efforts. It certainly puts into perspective the issue of MI treatment, and gives a solid answer, statewide, to several important questions.

We were, of course, very interested in the statistical representation of our hospital. We have researched the individual cases, and thank you for the information you provided which allowed us to identify these 16 deaths. These 16, spread over three (3) years, were among the total of 132 cases which were reviewed.

Our intensive review of each death raised several issues, which we believe may not have been covered in your statistical review. Notably:

- At least two (2) patients were young men who appeared to have been treated at our hospital for drug addiction and endocarditis, and released. It isn't clear how the diagnosis of AMI was attached to these patients.

- At least three (3) patients were brought to our hospital after a "full code resuscitation," in the field, and subsequently died. Our experience with full code resuscitation, performed in the field, then brought to our E.R., is that they almost always have a poor outcome. There are many factors to be considered in such cases, but the main one may be that patients who have an MI and who resuscitate well are immediately taken to a receiving hospital with a cardiac catheterization lab, rather

than to the VCMC. We work very closely with that facility, to assure that patients who may need immediate catheterization are taken there first, without coming to our hospital. On the other hand, "full code" as well as "DNR" patients are often selectively brought to us, purposely and at the exclusion of the other facility.

- Similarly, patients who come to our ER with acute MIs, and who are good candidates for catheterization procedures, such as angioplasty, are often transferred immediately from our E.R. to the facility with the cardiac lab. They are not admitted to our hospital, and although the results of treatment may be very good, they do not appear on our statistics.

- Finally, as the "safety net hospital" for this region, we feel that we receive a selection of patients which is inherently more risky, and which is substantively more difficult in which to anticipate a good outcome. We recognize that such variations were considered in this study, but the numbers of cases are so small that the addition or subtraction of just one (1) patient can markedly change the statistical presentation.
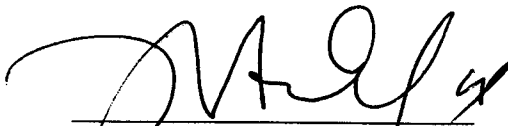
Again, we realize that the comment "we get sicker patients" is facile, and can in fact be counterproductive. We offer the comment only to draw attention to the small numbers involved, and indicate, as above, that we may be dealing with a model which has some internal flaws. This may lead to an inadvertent skewing of the results, and because of these factors it would be difficult, (if not erroneous), to draw specific inferences.

That being said, we greatly appreciate these data. We will continue to analyze them, and to derive further information about the care we give, and the quality of it. We trust such studies will help us improve our care, in all areas, and that it will be further reflected in studies which OSHPD may undertake in the future.

Most sincerely,

Samuel Edwards, M.D.
Administrator, VCMC

Richard Ashby, M.D.
Medical Director, VCMC

cc with OSHPD summary report:
      VCMC Department of Medicine
      VCMC Executive Committee
      VCMC Oversight Committee